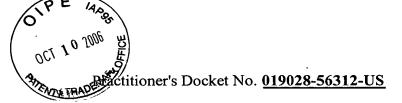
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(to be used for all correspond		ıl filing)	First Named Inventor	Jo	ohn K. Leach
			Group Art Unit	16	551
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		ENCLOSU	RES (check all that apply)		
Fee Transmittal Form Fee Attached Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure State Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Part under 37 CFR 1.52 or 1.	ment ts	Drawing     Declarat     Licensin     Petition     Petition     Applicat     Power o     Change     Termina     Request	tion and Power of Attorney ng-related Papers  to Convert to a Provisional tion  f Attorney, Revocation of Correspondence Address al Disclaimer for Refund mber of CD(s)	Ap A	ther Allowance Communication to Group opeal Communication to Board of opeals and Interferences opeal Communication to Group opeal Notice, Brief, Reply Brief) oprietary Information atus Letter oplication Data Sheet equest for Corrected Filing Receipt with aclosures self-addressed prepaid postcard for knowledging receipt ther Enclosure(s) (please identify below): ate of Mailing/Transmission (1pg); TO/SB/08a and b (2 pp.); Copy of Supparch Report (1pg.); Copy of Reference pp.); and Return Receipt Postcard.
under 57 CFR 1.32 OF 1.	,,,		The Commissioner is required or credit any overp above identified docket num	ayments	thorized to charge any additional fees to Deposit Account No. 19-2380 for the
	SIGNATU	RE OF APPL	LICANT, ATTORNEY, C	R AGE	NT
Firm or Individual name  Signature  Name	Car	er Street A 02110-21	Reg. No. 30,628) / Canda	ace M. S	Summerford (Reg. No. 58,109)
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I hereby certify that this con  deposited with the class mail in an ere Box 1450, Alexan	respondence e United Stat avelope addr adria, VA 22	e is being: es Postal Se essed to: MA 313-1450	AIL STOP AMENDME	below v	with sufficient postage as first mmissioner for Patents, P. O. ent and Trademark Office at
October () , 2006 Date  Megan L. Stembridge  Typed or printed name					



### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

John K. Leach et al.

Application No.:

10/521,920

Group No.: 1651

Filed:

July 11, 2005

Examiner: To be assigned

Confirmation No.

6179

Customer No.: 53143

For: METHODS FOR PERFUSION AND PLATING OF PRIMARY HEPATOCYTES AND A MEDIUM THEREFORE

MAIL STOP AMENDMENT Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is, on the date shown below, being: deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to the MAIL STOP AMENDMENT, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

Date: October \_\_\_\_\_\_, 2006

Megan L. Stembridge

Sir:

### SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

In accordance with the provisions of 37 C.F.R. §§1.56 and 1.97, Applicants herewith submit the publications and/or patents shown on the attached form PTO-1449, for consideration by the Examiner in connection with the examination of the above-identified patent application.

### I. REMARKS

In accordance with the provisions of 37 C.F.R. §1.97, this statement is being filed:

- (1) within three (3) months of the Filing Date or before the mailing date of the First Office Action on the merits; or
- X (2) within three months of the mailing date of the European Search Report; or

(3) after the period defined in (1) but before the mailing date of a Final Rejection or Notice of Allowance, and the requisite Certification or fee under Rule 1.17(p), namely \$180.00, is included herein; or
 (4) after the mailing date of a Final Rejection or Notice of Allowance but before the payment of the Issue Fee, and the requisite Certification,

It is respectfully requested that each of the documents shown on the attached form(s) PTO-1449 be made of record in this application. Copies of these documents (CHECK ONE):

petition, and petition fee are included herein.

X are enclosed herewith; andhave been cited in the parent application, and are thus not being resubmitted herein.

Early examination and allowance of the present application are respectfully solicited.

### FEE AUTHORIZATION

Should any fees associated with the submission be required, the Commissioner is authorized to charge the missing fee to our Deposit Account No. 19-2380. Any overpayments should be credited to said Deposit Account.

Respectfully submitted,

Ronald I. Eisenstein (Reg. No. 30,628) Candace M. Summerford (Reg. No. 58,109)

NIXON PEABODY LLP 100 Summer Street Boston, MA 02110 (617) 345-6054

Date: October \_\_\_\_\_\_, 2006

# Practitioner's Docket No. <u>019028-56312-US</u>

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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John K. Leach et al.

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## CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a) and 1.10)

I hereby certify that this correspondence:

- 1. Certificate of Mailing (1 pg.);
- 2. Transmittal Form (1 pg.);
- 3. Information Disclosure Statement (2 pp.);
- 4. Form PTO/SB/08a and b (2 pp.);
- 5. Copy of Supplementary International Search Report (2 pp.);
- 6. Copy of Reference C4 (22 pp.); and
- 7. Return Receipt Postcard.

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Date: October 6, 2006

Megan L. Stembridge

(type or print name of person certifying)

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Sybstitute for form 1449A/PTO

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# INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

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Complete if Known			
Application Number	10/521,920		
Filing Date	July 11, 2005		
First Named Inventor	John K. Leach		
Art Unit	1651		
Examiner Name	To be assigned.		
Attorney Docket Number	019028-56312-US		

U.S. PATENT DOCUMENTS						
Examiner Initials	Cite No.1	U.S. Patent Document  Number - Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
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	FOREIGN PATENT DOCUMENTS							
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<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>&</sup>lt;sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> See Kinds Codes of USPTO Patent Documents at 222.uspto.gov or MPEP 901.04. <sup>3</sup> Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). <sup>4</sup> For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. <sup>5</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. <sup>6</sup> Applicant is to place a check mark here if English language Translation is attached.

Substitute for form 1449B/PTO				Complete if Known		
STATEMENT BY APPLICANT  (use as many sheets as necessary)		Application Number	10/521,920			
		Filing Date	July 11, 2005			
		First Named Inventor	John K. Leach			
		Group Art Unit	1651			
				Examiner Name	To be assigned.	
Sheet	2	of	2	Attorney Docket Number	019028-56312-US	

OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS				
Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.)., date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>		
C4	GUILLOUZO, A., Environmental Health Perspectives, 106(2): 511-532, (1998).			
	No.1	Cite No. Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.)., date, page(s), volume-issue number(s), publisher, city and/or country where published.		

Examiner	Date	
Signature	Considered	

<sup>\*</sup> EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>&</sup>lt;sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.